Ski Club Chaperone Sign up Oak Middle School Caryn Keenan – Coordinator/Advisor



Name:						
Child's Name _						
Grade & Team						
Address:						
Home Phone: _			Cell Phon			
Work Phone						
Email:						
Please Check or	ne of the follo	wing				
	_I would like	to attend all 6	ó sessions			
	_I would like	to attend only	some sessions	s: the dates I	can attend are ci	rcled
Jan 6 th	Jan 13 th	Jan 20st	Jan 27 th	Feb 3 th	Feb 10 th	
	_I will be trav	eling to the mo	ountain in my o	own car		
	_I will be trav	eling to the mo	ountain on Oak	s's Bus (depart	ture at 2:15)	
Ī	have provid	ded docume	ntation for th	e CORI che	ck	